050725

FORM D SEC Mail Processing

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

JUL 18 ZUNG

Washington, DC

101

Section

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						

Name of Offering ( check if this is an amendrebank Series C Convertable Preferred Stock	ment and name has changed, and indicate change.)	CESSED
	ule 504 🔲 Rule 505 🔽 Rule 506 🔲 Section 4(6	L 111 2 5 2008
	A. BASIC IDENTIFICATION DATA	THOMSON REUTERS
1. Enter the information requested about the issu	er	THOMSOM KESIE
Name of Issuer ( check if this is an amendmen ebank Financial Services, Inc.	at and name has changed, and indicate change.)	
Address of Executive Offices 2410 Paces Ferry Road, Suite 190	(Number and Street, City, State, Zip Code) Atlanta, GA 30339	Telephone Number (Including Area Code) (404)355-3390
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Online Banking Service		
<u> </u>	ed partnership, already formed other (	please speci
	Month Year  ization: 0 8 9 7 Actual Esti er two-letter U.S. Postal Service abbreviation for Stat N for Canada; FN for other foreign jurisdiction)	mated 08052994 e: ⑥图

# GENERAL INSTRUCTIONS

## Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U S C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.
Charle Bay(a) that Apply
Check Box(es) that Apply: Promoter Beneficial Owner DEExecutive Officer Director General and/or  Managing Partner
Full Name (Last name first, if individual) Box, James L.
Business or Residence Address (Number and Street, City, State, Zip Code) 2410 Paces Ferry Road, Suite 210 Atlanta, GA 30339
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (I.ast name first, if individual)  Jackson, Richard D.
Business or Residence Address (Number and Street, City, State, Zip Code)
927 Buckingham Circle Atlanta, GA 30327
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Bremer, Gary M.
Business or Residence Address (Number and Street, City, State, Zip Code)
3334 Paces Ferry Ave. Atlanta, GA 30339
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Ferrero, Terrry
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o American Wholesale 4768 South Atlanta Road, Smyrna, GA 30080
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Roberts, Paul C.
Business or Residence Address (Number and Street, City, State, Zip Code)
771 Byrnwick Road, NE Atlanta, GA 30319
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Terry, Edward L.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sunshine Mortgage 2401 Lake Park Drive, Suite 355 Smyrna, GA 30080
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)  Duncan, Tommy
Business or Residence Address (Number and Street, City, State, Zip Code) 554 Duncan Road, Royston, GA 30662

	·	A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information re-	quested for the fol	lowing:			
Each promoter of the Each	ne issuer, if the iss	suer has been organized w	rithin the past five years;		
Each beneficial own	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
<ul> <li>Each executive offi</li> </ul>	cer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
• Each general and n	nanaging partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	Director	General and/or .  Managing Partner
Full Name (Last name first, it Jones, Billy R.	Findividual)				
Business or Residence Addres 3190 Hwy 78	,	Street, City, State, Zip Coville, GA 30052	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		<del></del>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)	<del></del>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	findividual)	, <del>, , , ,</del>			
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)	<u></u>	
	(Use bla	ink sheet, or copy and use	additional copies of this s	sheet, as necessary	)

					B. 11	NFORMATI	ION ABOU	T OFFERI	NG				
1	Haatha	innum nata	4 44			11 45 4			AL: - CC:			Yes	No
·							••••••	ᆫ	( <b>x</b> )				
,	•••								s 10.6				
۷.	** 1121 13	the minim	ium mvesm	icht mat w	in be acce	pred from a	my marvia	uai:			***************************************	`	No.
3.	Does th	e offering	permit joint	ownershi	p of a sing	le unit?					•••••	K	
4.													
	If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state												
or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
	l Name (	Last name	first, if indi					<u></u>					<del></del>
		· · · · · · · · · · · · · · · · · · ·											
						-	(ip Code)						
			·		, GA 3032	7-2245				<del></del>			
			oker of De	u1C1									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				-		
	(Check	"All States	s" or check	individual	States)	**************						□ VI	l States
	AL	AK	AZ	AR	(ÇA)	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	ĬĀ.	(KS)	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM)	NY	NC	ND	ОH	OK	OR	PA
	RI	SC	SD	TN	TX	ŪT)	VT	<b>V</b> A	WA	WV	WI	WY]	PR
Answer also in Appendix, Column 2, if riling under ULOE.  2. What is the minimum investment that will be accepted from any individual?													
Bu	siness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of Asi	ociated R	roker or De	aler									
110	ine or ris.	ocialed Di	ORCI OI DE	uici									
Sta	tes in W	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	••••••••					***************************************	□ VI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
										· · · · · · · · · · · · · · · · · · ·			
					[IA]			( <u>V</u> A)	<u> </u>	( <u>w</u> v)	[₩]	WI	[FK]
Fu.	II Name (	Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated Bi	roker or De	aler									
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						<del></del>
	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
	AL	ĀK	AZ	AR	CA	CO	[CT]	DE	[DC]	FL	GA	HI	[D]
		[N]	IA							_			
							· · · · · · · · · · · · · · · · · · ·						·
			เจก	11/	LLX	[ U [ ]	VI	[VA]	[WA]	[WV]	[WI]	W'Y]	PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity	s	<u> </u>
	Convertible Securities (including warrants)	<b>c</b> 6,000,000.00	3,745,690.00
	Partnership Interests		
	·		
	Other (Specify)  Total	هــــــــــــــــــــــــــــــــــــ	\$
		<b>3</b>	3 01. 101000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	6	\$ 3,745,690.00
	Non-accredited Investors		<b>s</b>
	Total (for filings under Rule 504 only)		<b>s</b>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		)
	Printing and Engraving Costs		] \$
	Legal Fees		350,000.00 °C
	Accounting Fees		ງ <sub>\$</sub> 35,000.00
	Engineering Fees	_	
	Sales Commissions (specify finders' fees separately)	_	50.000.00
	Other Expenses (identify)	_	י ב
	Total		s 435,000.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			s5,565,000.00
•	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross	·	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		] <b>\$</b>	s
	Purchase of real estate		] \$	s
	Purchase, rental or leasing and installation of madand equipment	chinery [	] \$	
	Construction or leasing of plant buildings and fac	cilities	] \$	s
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ets or securities of another	٦\$	┌┐\$
	Repayment of indebtedness	_	_	_
	Working capital		 ] \$	S 4,815,000.0
	Other (specify):			
		······	] \$	. 🗆 \$
	Column Totals	[	\$_0.00	\$_5,565,000.0
	Total Payments Listed (column totals added)		s_ <u></u> 5	565,000.00
_		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	e undersigned duly authorized person. If this notice rnish to the U.S. Securities and Exchange Commiss	is filed under Ru sion, upon writte	ile 505, the following
35	uer (Print or Type)	Signature	Date / /	
e b	ank Financial Services, Inc.	Hames 2 150x	7/17/03	8
la	me of Signer (Print or Type)	Title of Signer (Print or Type)	/ /	
an	nes L. Box	President & Cheif Executive Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE				
1.	Is any party described in 17 CFR 230.262 pr provisions of such rule?	esently subject to any of the disqualification Yes No				
	Sec	Appendix, Column 5, for state response.				
2.	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require	Turnish to any state administrator of any state in which this notice is filed a notice on Formed by state law.				
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written request, information furnished by the				
4.	limited Offering Exemption (ULOE) of the st	suer is familiar with the conditions that must be satisfied to be entitled to the Uniform tate in which this notice is filed and understands that the issuer claiming the availability ting that these conditions have been satisfied.				
	uer has read this notification and knows the cont thorized person.	ents to be true and has duly caused this notice to be signed on its behalf by the undersigned				
lssuer (	(Print or Type)	Signature Date				
ebank l	Financial Services, Inc.	James 2. /20x 7/17/08				
Name (	Print or Type)	Tiple (Print or Type)				
James	ames L. Box President & Cheif Executive Officer					

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## 3 1 2 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and to non-accredited explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yès No Investors Investors Yes No Amount Amount ΑL ΑK AZAR CA Stk. \$10 1 \$150,000.00 × CO CT DE DC FL Stk. \$10 2 \$1,200,000 GA HI ID lL IN IΑ × 1 \$635,030.0d Stk. \$10 KS ΚY LA ME MD MA ΜI MN MS

APPENDIX.

# **APPENDIX** 3 2 4 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Non-Accredited Accredited Investors Investors Yes No State Yes No Amount Amount MO MTNE NV NH NJ NM NY NC ND ОН OK OR PA RI SCSD TN TX UT VT Stk. \$10 ٧A \$600,000.00 X 1 WAWV

1

\$1,160,660.6

WI

Stk. \$10

×

				APP	ENDIX				
1	<u> </u>	2	3		4				
	to non-a	i to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Disq under (if y Type of investor and expl amount purchased in State waiv (Part C-Item 2) (Part		amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									[

